Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	OW GOLDSTRUL	30-025-04158
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	, and a sum of the sum
	CATION FOR PERMIT" (FORM C-101) FOR SUCH	North Monument G/SA Unit Blk. 18
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other Injection well.	8. Well Number 11
2. Name of Operator	HOBBS OCD	9. OGRID Number 873
Apache Corp.	TO OCD	7. SOME NUMBER OF
3. Address of Operator	88265 MAR 3 1 2016	10. Pool name or Wildcat
P O box Drawer D Monument NM	88265	North Monument G/SA
4. Well Location	DECEME	
Unit Letter K :	1980feet from theRECEIVED and	1980feet from the
Wline		
Section 2	Township 20S Range 36	E NMPM Lea County
Section 2	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	11. Elevation (Snow whether DR, RRB, R1, OR, etc.	<i>")</i>
12 Check A	Appropriate Box to Indicate Nature of Notice	Report or Other Data
12. Check I	appropriate Box to indicate Nature of Notice	, Report of Other Bata
NOTICE OF IN	TENTION TO: SUI	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐		
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DE	RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	NT JOB
DOWNHOLE COMMINGLE		
	_	
OTHER:	□ OTHER:	5 year pressure test
13 Describe proposed or comp	leted operations. (Clearly state all pertinent details, a	nd give pertinent dates including estimated date
	ork). SEE RULE 19.15.7.14 NMAC. For Multiple Co	
proposed completion or recompletion.		
proposed completion of the		
	erform pressure test on casing. Pressured the casing to	550 psi & recorded the test on a chart for 33
minutes with a 10 lb. loss to 540 psi		
Spud Date:	Rig Release Date:	
Spud Date:	Rig Release Date:	
Spud Date:	Rig Release Date:	
<u> </u>	Rig Release Date:	ge and belief.
<u> </u>		ge and belief.
I hereby certify that the information	above is true and complete to the best of my knowled	
<u> </u>		ge and belief.
I hereby certify that the information SIGNATURE	above is true and complete to the best of my knowled TITLEInstrument Tech	DATE3/2/16
I hereby certify that the information SIGNATURE Type or print name Jim Ellison	above is true and complete to the best of my knowled TITLEInstrument Tech	
I hereby certify that the information SIGNATURE	above is true and complete to the best of my knowled TITLEInstrument Tech E-mail address: _JD.Ellison@ap	DATE3/21/16 pacheccorp.com_ PHONE:575-441-7734
I hereby certify that the information SIGNATURE Type or print name Jim Ellison For State Use Only	above is true and complete to the best of my knowled TITLEInstrument Tech E-mail address: _JD.Ellison@ap	DATE3/21/16 pacheccorp.com_ PHONE:575-441-7734
I hereby certify that the information SIGNATURE Type or print name Jim Ellison	above is true and complete to the best of my knowled TITLEInstrument Tech E-mail address: _JD.Ellison@ap	DATE3/2/16

